

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/726,909	
	Filing Date	December 2, 2003	
	First Named Inventor	Alfred TOM	
	Art Unit	2684	
	Examiner Name	Unknown	
Total Number of Pages in This Submission	4	Attorney Docket Number	45818.00019

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Return Postcard	<input type="checkbox"/> PTO SB/08a	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> PTO SB/08b	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Amendment After Final	<input type="checkbox"/> Issue Fee Transmittal (PTO-85b)	<input type="checkbox"/> Status Request
<input type="checkbox"/> Declaration of Inventor(s)	<input checked="" type="checkbox"/> New Power of Attorney, Revocation of Previous Powers, Change of Correspondence Address	<input checked="" type="checkbox"/> The Director is authorized to charge any required fees or credit any overpayment to Deposit Acct. No. 05-0150. A duplicate of this sheet is enclosed for this purpose.
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Power of Attorney	
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<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	Squire, Sanders & Dempsey L.L.P. 600 Hansen Way, Palo Alto, CA 94304-1043		
Signature			
Printed Name	Aaron Wininger		
Date	December 7, 2005	Reg. No.	45,229

CERTIFICATE OF TRANSMISSION/MAILING

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/726,909
Filing Date	December 2, 2003
First Named Inventor	Alfred TOM
Title	METHODS AND APPARATUS FOR A MULTI-STANDARD WIRELESS COMMUNICATION AND CELLULAR TELEPHONE SYSTEM
Art Unit	2684
Examiner Name	Unknown
Attorney Docket Number	45818.00019

I hereby revoke all previous powers of attorney given in the above-identified application.**I hereby appoint:**☒ Practitioners associated with the Customer Number:

30256

OR☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Date

11/26/05

Name

Alfred TOM

Telephone

415-738-4871

Title and Company

President/CTO

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

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